

POLICY      GA 3.4    SERIOUSLY MENTALLY ILL ADULTS IN NEED OF SPECIAL ASSISTANCE

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- A.    PURPOSE:      To establish uniform guidelines for:
- Identification of adults determined to have a serious mental illness that need special assistance;
  - Monitoring to assure that Special Assistance is provided; and
  - Maintenance of required reports.
- B.    SCOPE:      Tribal and Regional Behavioral Health Authorities (T/RBHA's), ADHS/DBHS Office of Human Rights, and Regional Human Rights Committees. As applicable, T/RBHAs must ensure that all subcontracted providers adhere to the requirements of this policy.
- C.    POLICY:      A person determined to have a serious mental illness and deemed to need special assistance is to be identified regardless of whether the program believes it is accommodating the person's needs. Having a guardian or designated representative does not preclude the need for special assistance. The need for special assistance may be deemed by any of the following:
- A qualified clinician;
  - A case manager;
  - A clinical team of a T/RBHA;
  - The T/RBHA;
  - A program director of a subcontracted provider, including the Arizona State Hospital;
  - The Deputy Director of the Arizona Department of Health Services/Division of Behavioral Health Services; or
  - A hearing officer.
- D.    REFERENCES:    A.R.S. §§ 36-107, 36-504, 36-509, 36-517.01  
                              9 A.A.C. 21
- E.    DEFINITIONS:
1.    ADHS Office of Human Rights
- The Office of Human Rights is established within ADHS and is responsible for the hiring, training, supervision and coordination of human rights advocates. Human rights advocates assist and advocate on behalf of persons determined to have a serious mental illness in resolving appeals and grievances and coordinate and assist Human Rights Committees in performing their duties.

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2. Human Rights Committees

Human Rights Committees are established within ADHS to provide independent oversight to ensure the rights of persons determined to have a serious mental illness and enrolled children are protected.

3. Special Assistance

Assistance provided to a person who has been determined to need additional assistance to fully understand and participate in the Individual Service Plan (ISP) or the Inpatient Treatment and Discharge Plan (ITDP) process, the appeal process or the grievance or request for investigation process.

F. GENERAL REQUIREMENTS:

1. A person shall be determined to need special assistance if the person is unable to communicate preferences for services and/or participate in service planning and/or the grievance, appeal and/or investigation process due to any one or more of the following:
  - a. Cognitive ability;
  - b. Intellectual capacity;
  - c. Sensory impairment;
  - d. Language barriers (which does not include speaking a foreign language), including but not limited to deaf, hard of hearing, mute or developmental delay in language development; and/or
  - e. Medical condition.
2. T/RBHA's must ensure:
  - a. Identification of persons in need of special assistance;
  - b. Notification to the Office of Human Rights and the appropriate Human Rights Committee of each person identified to be in need of special assistance including the specific need(s) via a monthly report;
  - c. Provision of training to applicable T/RBHA and provider staff of requirements

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related to special assistance; and

- d.    Monitoring of the provision of special assistance to those persons identified to be in need.
3.    The Office of Human Rights will maintain tracking of all people identified as needing special assistance and will assure provision of special assistance as needed.
4.    Human Rights Committees must make regular visits to the residential environments of people in need of special assistance to ensure that the person's needs are being met and to determine the person's satisfaction with the care.

G.    PROCEDURES:

1.    T/RBHA's and their subcontracted providers must periodically assess whether a person determined to have a serious mental illness is in need of special assistance. Minimally, the need for special assistance should be considered in the following situations:
  - a.    Discharge planning;
  - b.    Service planning; and
  - c.    Appeal, grievance, or investigation process.
2.    The Office of Human Rights may provide assistance when a person or other involved person or agency initiates a request. In such situations, the T/RBHA and subcontracted provider will be advised of the Office of Human Rights involvement and the obligation to assess the person's need for special assistance.
3.    T/RBHA's and their subcontracted providers shall submit the Request for Special Assistance Form (Attachment 1) to the Office of Human Rights within three working days of identifying a person as in need of special assistance. If the special assistance is needed immediately, the request shall be submitted immediately.
4.    The Office of Human Rights will respond to the T/RBHA and/or subcontracted provider within three working days of receipt of a Request for Special Assistance Form and will identify how the request for special assistance will be accommodated. Special assistance may be provided by the Office of Human Rights or through the local Human Rights Committee.

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5. The Request for Special Assistance Form shall be maintained in the person's comprehensive clinical record.
  6. The Office of Human Rights will provide the name of the person, the location of the person and the nature of the special assistance that is needed to the appropriate Human Rights Committee. The Office of Human Rights and members of the Human Rights Committees must obtain written authorization for release of information in order to gain access to person-specific clinical information. T/RBHA's and their subcontracted providers shall provide access to the person's clinical records to representatives of the Office of Human Rights and Human Rights Committees who have written authorization from the person or the person's legal guardian. A copy of the written authorization shall be provided to the T/RBHA and/or subcontracted provider for placement in the person's comprehensive clinical record.
  7. The Office of Human Rights will provide the T/RBHA's with copies of signed confidentiality agreements for all members of the T/RBHA's regional Human Rights Committees.
  8. The Office of Human Rights, the Human Rights Committees, the T/RBHA and their subcontracted providers shall maintain open communication during the time special assistance is being provided, including the specific types of assistance being provided, planned interventions and outcomes of interventions.
  9. The Office of Human Rights will maintain:
    - a. A current list of all persons determined to have a serious mental illness that have been identified as needing special assistance; and
    - b. A separate list of all persons for whom the Office of Human Rights is directly providing special assistance.

The Office of Human Rights will provide the lists to each T/RBHA on a quarterly basis and to the Human Rights Committees on a monthly basis.

10. If a T/RBHA or subcontracted provider fails to submit required information to the Office of Human Rights, the Office of Human Rights will notify the T/RBHA Director and the Deputy Director of ADHS/DBHS in writing. ADHS/DBHS will follow-up with the T/RBHA and may require specific corrective action.
11. When a qualified clinician, case manager, clinical team or T/RBHA determines that a person who has been designated to be in need of special assistance is no longer in

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need of special assistance, the T/RBHA shall notify the person and the Office of Human Rights within 10 days of the determination. The notification shall include the reasons for the determination that the person is no longer in need of special assistance (Attachment 1, Part C). The Office of Human Rights or a Human Rights Committee representative may continue to assist the person with the person's consent.

F. APPROVED BY:

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Leslie Schwalbe	Date
Deputy Director	
Arizona Department of Health Services	
Division of Behavioral Health Services	

**REQUEST FOR SPECIAL ASSISTANCE**

A person deemed by a qualified clinician, case manager, clinical team or T/RBHA to need special assistance is to be identified regardless of whether the program believes it is accommodating the person's need(s). An individual should be determined to need special assistance if, due to any one or more of the following: cognitive ability; intellectual capacity; sensory impairment; language barriers and/or medical condition, he/she is unable to communicate preferences for services and/or participate in service planning and/or the grievance/appeal process.

**PART A** (to be completed by the T/RBHA or provider and faxed to Office of Human Rights at (602) 364-4590:

The following person may be in need of special assistance in participating in the Individual Service Planning process or in understanding and participating in the appeal, grievance or investigating process:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

CLINICAL LIAISON/CASE MANAGER: \_\_\_\_\_

PROVIDER/T/RBHA: \_\_\_\_\_ PHONE/FAX: \_\_\_\_\_

Please list specifically what services are needed to enable the client to participate in the ISP, appeal, grievance or investigation processes (e.g., He/she has a developmental disability and has trouble understanding the grievance process): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What, if any, services are currently being arranged/provided to accommodate the special assistance need? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is the person aware that you have requested special assistance for them?

Yes \_\_\_\_\_ No (Explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

.....  
**PART B (to be completed by OHR and faxed to originator of request):**

What assistance will be provided by the Office of Human Rights or the Human Rights Committee, including the date when assistance will be provided? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

OHR/HRC Contact Name and Number: \_\_\_\_\_

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**PART C (to be completed by the T/RBHA or provider and faxed to OHR at 602-364-4590)**

As of the following date, \_\_\_\_\_, the above referenced client is no longer in need of special assistance.